**Patient Consent Form**

**Open Journal of Clinical and Medical Case Reports**

**Name of the person described in the Manuscript:**

**Title of the Manuscript:**

**Subject matter for which it is used:**

**Corresponding author:**

I Mr/Miss/Mrs……………………………………………..(write full name) give my consent for the information/ photograph about myself/ my child or ward/ my relative (please put tick mark above the selected category) for the subject matter mentioned above to be published in Open Journal of Clinical and Medical Case Reports and I understand that this matter will be disseminated worldwide via Open Access mode.

**\*I have seen, read and understood the material submitted to the *Open Journal of Clinical and Medical Case Reports* and I understand the following aspects:**

*1. The information will not include my name.*

*2. The information is available and disseminated worldwide by open access mode.*

*3. Once published I cannot revoke the consent.*

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Signature: …………………………………………..

Date: …………………………………………………..